PART B - FEE(S) TRANSMITTA

(APR 1 1 2005		or <u>Fax</u>	(703) 746-4000	for Patents irginia 22313-1450		
INSTRUCTIONS: The appropriate. All further indicated unless correcte maintenance fee notificate	form should be used for tra doespondence and uding the doctor and undered otherwise ions.	Patent, advance of in Block 1, by (JE FEE and PUBL rders and notification a) specifying a new	ICATION FEE (if re n of maintenance fee correspondence addre	quired). Blocks 1 through 5 s will be mailed to the curren ess; and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for	
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FITZPATRICK 30 ROCKEFELL NEW YORK, N		SCINTO		I hereby certify that	Certificate of Mailing or Tran t this Fee(s) Transmittal is bein the with sufficient postage for find fail Stop ISSUE FEE address SPTO (703) 746-4000, on the	ng denosited with the United	
/12/2005 JADDU2 00000097 09386330				(Depositor's name)			
FC:1501 FC:8001			. •		<u> </u>	(Signature) (Date)	
APPLICATION NO.	O. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	REQUEST APPRO		ARATUS, M	•		IUM STORING SAM	
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"Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.	ndence address (or Change of /122) attached. cation (or "Fee Address" Indic? or more recent) attached. Us	ation form e of a Customer	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)				
	_	•	•	the patent. If an assing an assignment. TY and STATE OR O	ignee is identified below, the	locument has been filed for	
(A) NAME OF ASSIG	BUSHIKI KAISH	`	TOKYO,		CONTRI	٠	
Please check the appropria	ate assignee category or catego	ries (will not be pr	inted on the patent)	Individual 🛚	Corporation or other private gr	oup entity Government	
a. The following fee(s) as	re enclosed:	41	Payment of Fee(s)			•	
Issue Fee Publication Fee (No	small entity discount permitt	ed)		mount of the fee(s) is dit card. Form PTO-20			
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this form and/or suggestion Box 1450, Alexandria, Vin Alexandria, Virginia 2231	application form to the USP1 ins for reducing this burden, sl rginia 22313-1450. DO NOT 3-1450.	o. Time will vary hould be sent to the SEND FEES OR (chief Information	officer, U.S. Patent as MS TO THIS ADDRE	y the public which is to file (an 2 minutes to complete, includic comments on the amount of the trademark Office, U.S. Dep SS. SEND TO: Commissioner it displays a valid OMB control	artment of Commerce, P.O. for Patents, P.O. Box 1450,	